Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003 CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAIL TYPE \_\_\_\_ (Celumn 1) (Column 2) OR SMALL ENTITY TOTAL CLAIMS PATE FEE BATE BASIC FEE \$375 OR BASIC FEEL STE DUMPER FILED NUMBER EXTRA λ.\$. 9±  $> N_{\rm tot}$ de-d5 20= 081 INDEPENDENT CLAIMS minus 3 =X42 =X84= OR STORE OF PENCE A LORD FOR ENT - 140-Uhi \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY OR SMALL EL TIT (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST ADDI-ADDI-NUMBER PRESENT REMAINING TIONAL TIONAL RATE RATE AFTER **PREVIOUSLY EXTRA** AMENDMENT PAID FOR 00 Minus XS 9= X\$18= Total . 43 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270 OR ADDIT, FEE ADDIT, FEE (Column 2) (Column 3) (Column 1) CLAIMS HIGHEST ADDI-ADDI-PRESENT NUMBER REMAINING TIONAL TIONAL RATE RATE PREVIOUSLY **EXTRA** AFTER AMENDMENT FEE FEE PAID FOR AMENDMENT Minus X\$ 9= X\$18= Total OR Minus Independent  $\times g_{c}^{i}$ = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= OR TOTA TOTAL OR ADDIT, FEE (Column 3) (Column 1) (Column 2) HIGHEST CLAIMS ADDI-ADDI-NUMBER PRESENT REMAINING TIONAL TIONAL RATE RATE PREVIOUSLY **EXTRA AFTER** . FEE PAID FOR FEE AMENDMENT Minus XS18= Teler >'S S= 1 OR Independent Minus X8/2= X**4**3= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +290= If the entry in column 1 is less than the entry is column 2, write "C" is soferm 3.

\*\* If the "Highest Number Previously Pale Fox" IN THIS SPACE is less than 20, enter 120.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter 3.

(OR

ADDIT, FEE

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

400,084 USO1

CLAIMS AS FILED - PART I  (Column 1)						(Column 2) TYPE			ITITY	OR	OTHER THAN SMALL ENTITY		
TC	TAL CLAIMS		144				Γ	RATE	FEE		RATE	FEE	
FO	R		NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE	355.00	OR	BASIC FEE	710.00	
ТО	TAL CHARGEA	BLE CLAIMS	144 minus 20=		. 124		Ī	X\$ 9=		OR	X\$18=	2232	
INC	EPENDENT CL	AIMS	46 minus 3 =		* 43		ţ	X40=		OR	X80=	3440	
MU	LTIPLE DEPEN	DENT CLAIM P		-		l	+135=			+270=			
- If	the difference	in column 1 is	less than zero, enter "0" in column 2			L	TOTAL		OR OR	TOTAL			
CLAIMS AS AMENDED								IOIAL		JOH	OTHER THAN		
(Column 1)				(Colu	mn 2)	(Column 3)	_	SMALL	ENTITY	OR	SMALL		
ENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	3
MON	Total	*	Minus	**		=	l	X\$ 9=		OR	X\$18=		
AMENDMENT	Independent	*	Minus	***		=	4.	X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		Ī	+135=		OR	+270=		
							L	TOTAL			TOTAL		l
		(Column 1)		(Colu	ımn 2)	(Column 3)	1	ADDIT. FEE			ADDIT. FEE		1
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREV	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X <u>\$</u> 18=		
	Independent	*	Minus	***		=	lt	X40=		OR	X80=		1
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		J	+135=		OR	+270=		1
							Ļ	TOTAL		OR	TOTAL		ł
		(0.1		(Oal)	0\	(Calumn 2)	,	ADDIT. FEE		ĮO,	ADDIT. FEE	<u> </u>	1
	19.50	(Column 1) CLAIMS		HIG	ımn 2) HEST	(Column 3)	lr		ADDI-	1		ADDI-	┨
AMENDMENT C		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		l
\ME	Independent	*	Minus	***		=		X40=		OR	X80=	-	1
	FIRST PRESE	NTATION OF M	IULTIPLE DEI	PENDEN	T CLAIM		!	.125-			+270=		1
	If the entry in colu	mn 1 is less than t	the entry in colu	ımn 2, wri	te "0" in co	lumn 3.	L	+135= TOTAL		OR	TOTAL		1
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEEOR ADDIT. FEE										1			

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

09/896093

		CLAIMS A	S FILED (Colum		_	(Column 2)			NTITY		OTHER TH		
TOTAL CLAIMS			Colum	1.17.	COIL		۱ . ا	TYPE [		OR 7		ENTITY	
FOR			<u>.</u>		7.(1)	Angele Medical		RATE	FEE	<b>-</b>	RATE	FEE	
FOR			NUMBER FILED NL		NUME	IBER EXTRA		BASIC FE	\$375	OR	BASIC FEE	\$750	
TC	TAL CHARGE	ABLE CLAIMS	minus 20= *					X\$ 9=		OR	X\$18=		
<u> </u>	DEPENDENT C		minus 3 =  *					X42=		OR	X84=		
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+140=		OR	+280=		
* If	the difference	e in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL		
	A C	LAIMS AS A	MENDED - PART II							OTHER	THAN		
	<u>A</u>	(Column 1)	(Column 2)			(Column 3)		SMALL ENTITY		ÓR	SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 90	Minus	** /	44	-		X\$ 9=	-	OR	X\$18=		
AME	Independent	TATION OF M	Minus	*** <b>4</b>	CLAIM		-	X42=		<del>O</del> R	X84=		
<u></u>	1110111120			ENDERT	OLANI		İ	+140=		OR	+280=		
							A	TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colun		(Column 3)				<del>-</del> .			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	1	RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
<b>AME</b>	Independent	*	Minus	***			T	X42=		OR	X84=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		-	+140=		OR	+280=		
		· .					Δ.	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colum	nn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X42=		OR	X84=		
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM		-			<sup>Un</sup>			
* 14	the entry in oclu-	nn 1 is lose than th	o ontar in och	mn 2 weita	"O" in onl	ıma 2		+140=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **OR TOTAL ADDIT. FEE ADDIT. FEE													
		ber Previously Paid					foun	d in the app	ropriate box	in colu	ımn 1.	•	